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*Breads.*—Many things have been tried as a substitute for flour for diabetic breads—gluten, oily nuts, bran, etc. These are mostly expensive, unpalatable, and not very nourishing. Gluten bread does contain a little starch and the patient, feeling that it is perfectly safe, may eat too much of it.

*Fruits.*—These are permitted in most cases, especially sour oranges, strawberries, gooseberries, apricots and melons. Nuts are allowed.

*Beverages.*—Water is best. Citric acid lemonade, made with saccharin or glycerine instead of sugar, sometimes helps the extreme thirst. Cocoa is often forbidden, but contains little starch and is not very harmful. It must be made with water or diabetic milk. No malt liquors or sweet wines are given.

As diabetics suffer from hunger, and the meals are small, it is better to have them frequent. Five a day may be needed. Only two or three varieties of food are given at a time, but each meal should be satisfying and attractive. It is more important that the patient's meals be well cooked and appetizing—and therefore easy of digestion—and that the nurse use great ingenuity in making a variety, from one day to the next, from articles allowed, than that any set rules for feeding be laid down. She should always bear in mind the fact that it is easy to over-feed in chronic cases.

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## HOW CAN THE INDIVIDUAL NURSE MAKE STATE REGISTRATION OF VALUE ?

By MRS. EDITH BALDWIN LOCKWOOD

I WAS asked to read a paper on "Professional Ethics and Etiquette," and, in spite of conscientious effort, I find that paper evolving into, "How Can the Individual Nurse Make State Registration of Value?" If I can show that she does this through a knowledge and practice of professional ethics and etiquette, perhaps I shall acquit myself before my sponsors.

State registration is secured after much hard labor, and now it must be kept at a high standard to make it of value. If a registered nurse represents only mediocrity, then registration is only of mediocre value. It has often been urged that the practical or untrained nurse is just as good or better than the professional or trained nurse. If registration is to be of any value, we must individually prove this untrue. We must

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\* Read at a Meeting of the Graduate Nurses' Association of Connecticut.

each one be better in every way than any untrained nurse can be, not by derogating her but by making ourselves superior. If the substitute offered is just as good, we cannot expect discriminating choice from a public. It is the pioneers in any movement that set the standard, that make the end achieved lasting and of value in the years to come, and only as it is made of worth by their superiority will it be lived up to and kept high by their followers.

We must, as individuals, as well as a body, make progress. If we, as individuals, lack, we ought to expect to step from the ranks; for if it be said of one registered nurse that she is below the standard the cause of registration is injured thereby. Being registered, if we are poor nurses, will not help *us*, but our being registered will materially harm the cause.

Don't you think nurses as a rule are a narrow-minded people? I think it will be an interesting psychological study in a few years, when our infirmary for graduate nurses is established, to see what kind of old women nurses will make. Will we be a lot of gossiping old busy-bodies, or will we show noble character development? Let us strive for the latter, for that home will be an awful give-away of what nurses develop into.

The average nurse when appealed to regarding registration asks, "How is registration going to help me?" Haven't we all heard this? But seldom do we hear, "How is my registering going to help the profession?" Yet this is the attitude that we must take to grasp its full worth. Registration, if the women who register are women of worth in their profession, is going to benefit and elevate the whole profession, and what benefits the whole benefits each member; but to get gold out, you must put gold in. If my registering will help the profession, then it will help me.

Once through the training-school, we are a little apt to think we know it all. We cast aside those restrictions and rules that have governed us there, reserve such tenets as seem to agree with our own moral code, add to that our individual nursing experience and plod along, too conservative to keep abreast of progress, and soon we are behindhand and don't know it. Then we just work on at our *trade* merely as a means of livelihood. In the awaking of the profession to demands for its registration as such, this fact is brought to light, that many nurses are working at nursing as at a trade, never having grasped it as a profession. How is nursing as a profession distinguished from nursing as an occupation, a means of livelihood? In my book of synonyms I find profession listed with vocation, calling, faculty, art, and the dictionary says, "an occupation involving special attainments and special discipline." We know

those special attainments are mental, moral and physical strength, and a natural fitness for nursing; and the discipline, what we spent two or more years in the training-school to acquire. All these go to make up a profession. It is none too common a combination,—mental, moral and physical strength, all three; and added to these special fitness for a particular thing and two years' study, practice and discipline. Ought not all that make one capable of more than working for wages? It does, if we have all those qualifications and keep them in daily use. It gives us a sense of what is professional, of what is due from us to our profession, and from our profession to our patients.

Nurses, both during the period spent in the hospital course and after graduation, are apt to consider the restrictions and conventions of the school merely as infringements on personal liberty, to be evaded, if possible, when in the school and discarded on leaving. These rules and conventions are, if rightly interpreted, as much a part of our professional instruction as surgical technique, and a nurse is as unprofessional in disregarding one as the other. We were not taught professional etiquette and demeanor merely for practice when we were in the school, but to make us worthy of our profession. The same principle of no intercourse between nurse and doctor, nurse and patient, or nurse and family, holds just as true for private work as for the hospital ward. I do not deprecate or undervalue the close personal sympathy which a nurse is often called upon to give, and which is to a certain type of patient a necessity and a help to recovery, but we must be sure to give it in such manner that our professional attitude of impersonality be maintained. We may *receive* confidences, sympathize and comfort, but we must avoid the feminine pitfall of giving confidence for confidence, for we thereby sacrifice the professional attitude. Our duty is to the profession, the profession's duty is to the patient, and our relation to the patient as an individual can, and should, be so impersonal that, be the conditions what they may, no element of self, *our self*, shall enter in. To be professional, we must eliminate self in our work. We are but the component parts that go to make up the whole of our profession. No matter how able we are, until we can eliminate self, we are working at our trade simply. One of the rules of our schools, and a well-founded one, is that no nurse may accept gifts from patients. Many pupil nurses do, many a graduate nurse does, and sees no harm therein, and from the individual personal standpoint perhaps there is none, but from a professional point of view the nurse's personality is eliminated, she standing as the representative of her profession. When she accepts a gift she brings herself into intimate personal relation with her patient, putting herself on the level of

personal friend, or as accepting a gift for personal service as a servant. Neither attitude is professional. The regular charges for a nurse's work do not come in any such category. They represent an established value of the profession's service to illness. This is just one instance of lack of professional appreciation. Another is the nurse's relations with the family; another, with the servants. I think you will agree with me that in private nursing our professional attitude is open to criticism in regard to our relations with servants. Each one has her own code of getting along with them, but how often it proves inadequate! I have a theory, which my short term of private nursing did not give full enough test to warrant my offering it to you, but I wish we might have an open discussion of the matter.

A problem that confronts not only the board of examiners for candidates for registration, but every worthy member of our profession, is the keeping our state register free from undesirable names. Not only should the specified guilt of felony, crime or misdemeanor bar, but unprofessional conduct, immorality, improper conduct, all should be so defined by our code of ethics that we need have no unfitting person on our register. The coöperation of every nurse is required for this. If women who are not striving to become of value to the profession are to be registered then registration loses its value. Only in putting the best in shall good come forth. What we as individuals stand for is what registration is to be worth. How careful, then, each one of us needs to be when asked to sign the necessary certificates recommending nurses for registration. It is not sufficient merely that we don't know but what she is worthy; we should know that she *is* worthy. We should have that close acquaintance with her work that we know it to be of high quality and done in a professional manner. We should know that her moral character is beyond question, that her habits and associates when off duty cast no reflection on the profession; all this we should *know* to be so ere we risk our own good name vouching for her.

Connecticut is notorious for its acts passed by the legislature that are unenforced and of no value. There is a law that all tires of wagon wheels used on dirt roads shall be of a certain number of inches in width; no charge has ever been brought against anyone for using narrow tires, and the conditions are just the same as if no law had been passed. We have legislation protecting the nursing profession, but if we do not strive to keep undesirables out, it will be as valueless as the wide-tire law. And this does not mean simply keeping women who are not graduates out, it means keeping all unprofessional, inadequate nurses from the register. An instance under my observation not long since, is a regret-

table sample of what we must keep out of our registry. A graduate nurse, so far as I know in good standing, a member of her school's *alumnæ* (I do not know if she is or is not a member of this association), employed to care for the wife of a resident in one of our "summer colonies," involved herself in so noticeable a flirtation with her patient's husband as to afford a gossip topic for the whole colony. It is not within our province to judge of the man's responsibility; his ethical code is a personal one; hers was our profession's, and therefore she was entirely to blame. She asked for a second nurse on the case when one was needed as much as I need two nurses now, and spent her time off duty riding and sailing with her patient's husband. She even wore her patient's gloves! Our whole profession was judged by that woman's actions. She was a graduate trained nurse. Is she eligible for registration? What value will registration be if she is? And is it not a fortunate thing that we secured registration so that we can cope with and discriminate against such a woman as this?

What shall be the standard by which we shall judge? This opens up the subject of a code of ethics for our profession. I recently wrote to six different firms selling text-books on nursing, for what books they had on nursing ethics. I heard of only one book, Isabel Hampton's "Nursing Ethics," and I wonder how many of us own that. There seems a lack of appreciation of this need, or there would be more works on the subject. "Medical Ethics" undoubtedly supplies nearly all we need, but there is so much that does not apply that we need it sifted for our use. Ought it not to be a part of our association's work to draw up such a code, simple, not too extensive but covering the points of professional conduct? No nurse but would find it of value, not only for deciding questions arising from time to time, but by its suggestiveness keeping us from growing lax in these matters. I appreciate too well the amount required from the nurse in training and the amount required of her teachers, not to realize how impossible it seems to add more to the curriculum, but I truly believe that if we would give the student nurse more instruction in professional ethics, even at the expense of *Materia Medica* and anatomy, the profession would profit. Nowhere does the responsibility of the intelligent woman for the existence of standards urge more strongly to action than to us here.

Again, when off duty we still belong to our profession. It is by no means unnatural to think that we are free from restraints or criticism, but are we? We are members of that profession whether occupied at the moment or not and we are responsible to it. What we as individuals do, will reflect for credit, or otherwise, on every member of the profes-

sion. We should make our lives above reproach, on or off duty, lest it reflect on the profession, and also keep the profession clean, pure and worthy lest it reflect on us.

There are few professions that combine, as nursing does, both physical and mental effort. Much professional work is purely mental and finds in physical exertion its offset. With us the physical and mental work are coincident. The irregularity of the life of a private nurse, in work, sleep, meals, length of cases and accommodations, are too well known to be mentioned but the effect of their strain, added to the physical and mental work, leaves any nurse who has given the profession's due to a patient for a case of ordinary length, in need of systematized rest and recuperation. First, rest in the form of mental and physical relaxation, and following that, recreation, re-creation in its literal sense as well as the accepted meaning of the word. Physical re-creation, then, in the form of good nourishing food regularly taken. We can, if we must, get on with short rations, irregular meals and poor food on cases, but we owe to ourselves and to the profession, when off duty, to take plenty of strengthening and nourishing food. It is not only false economy but hazardous to try to economize on food as so many of our nurses living in nurses' homes do. The body and mind rested and the body nourished, mental re-creation in the form of study and progress along professional lines, is in order. If a nurse passes time between cases without giving to her mind new professional food, it is as if the teamster put his horses in the barn at night to rest but did not feed them. Let this study be something definite, something more than a desultory reading of nursing magazines, or even a text-book. Of almost if not equal importance with professional study, is the pursuit of an avocation; be it music, flowers, a language, birds, or even embroidery, a something to be accomplished outside of professional work is a desideratum for every nurse. It keeps the mind broadening and balanced and is one of the best preventives of the much-to-be-deprecated shop talk and gossip.

Lastly but by no means unimportant, is recreation in its pure sense of play. Let it be in whatever form desire dictates, be it theatre, dancing, picnic, excursion, what we will, only stipulating for purity of thought and purpose and playing in such a way that it keeps the spirit of play, which is youth, ever fresh in us, and so that our profession can feel no shadow of harm from our action.